STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, October 16, 2015
10:00-12:00p.m.

Location: Room 1C of the Legislative Office Building, 300 Capitol Avenue Hartford, CT

Members Present: Thomas Agresta; Roderick Bremby; Anne Camp; Patricia Checko; Anthony Dias; Michael Hunt; Vanessa Kapral; Matthew Katz; Mike Miller; Mark Raymond; Philip Renda; Amanda Skinner; Sheryl Turney; Victor Villagra

Members Absent: Jessica DeFlumer-Trapp; Tiffany Donelson; Ludwig Johnson; Alan Kaye; Josh Wojcik; Moh Zaman

Other Participants: Faina Dookh**;** Ian Goldsweig; Michelle Moratti; Mark Schaefer; Minakshi Tikoo

The meeting was called to order at 10:00am. Commissioner Roderick Bremby and Mark Raymond co-chaired the meeting.

1. Introductions
Commissioner Bremby initiated roll call. Council members announced themselves.

2. Public Comment
There was no public comment.

3. Minutes
Mark Raymond motioned to approve the September 18th meeting minutes. Victor Villagra seconded the motion and the minutes were approved. There was no discussion.

4. HIT Charter Update
Matthew Katz requested brief summaries of Council member's backgrounds from a Health Information Technology perspective. Minakshi Tikoo said that bios for Council members were submitted to the SIM PMO as part of the application process and that they should be able to post them to the PMO website.

Commissioner Bremby reviewed the HIT Council Charter activity to date. Commissioner Bremby requested feedback from Council members regarding the amendments made to the Charter to align with suggested edits. Mr. Katz said the current Charter reflects the changes suggested by the Quality and HIT Council. Mr. Katz moved to submit the HIT Charter to the HISC at their next meeting. The motion was seconded by Patricia Checko. The motion was approved unanimously. Victor Villagra noted that according to the Charter, much of the HIT Council charge will be delivered in a sequential fashion after receiving input from the other Councils. Dr. Villagra said he doesn't think the HIT Council can answer the majority of the Charter questions until the other SIM Councils have largely defined what the HIT Council will support. What is the process by which the HIT Council actualizes the response to the Charter questions? Commissioner Bremby said that he, the PMO, Mr. Raymond, Dr. Tikoo, and others are working to devise an operating structure so that information flows more

rapidly and iteratively and Work Groups receive responses within the gaps between meetings. Dr. Villagra asked if members of the HIT Council will have access to information as it is being created, for example Quality metrics. Will there be a website to access interim information as it will take some time to consider technical issues?

5. Update on Design Team Activity

Michelle Moratti of The Chartis Group gave a brief update of the Design Team activity. Ms. Moratti outlined the objective of the Design Team update discussion as reviewing the first meeting of the Technology Pilot Oversight Design Team meeting and to confirm the approach for the Long Term Solution Design Team meeting. Ms. Moratti reviewed the proposed Design Team meeting schedule and the topics discussed during the October 1st meeting of the Technology Pilot Oversight Design Team. Mr. Katz asked if the group should add another HIT Council meeting to the schedule to make sure that the approval process is going along with the work product in December and January given the March deadline of certain items. Ms. Moratti said there will likely be significant modifications to the Council's timeline. Ms. Moratti said that the Council will discuss the proposed template for the Logic Model later in the presentation. Once completed, the Logic Model will describe the Work Group timeline for the programmatic requirements. Once the Council receives that input from the Work Groups, the PMO will revise the timeline and meeting cadence accordingly. Ms. Moratti said that any proposed timing in the presentation document can be considered as draft, pending input on the timelines from other Work Groups.

Ms. Moratti reviewed the proposed timeline for the Technology Pilot Oversight Design Team, considered as draft pending input from the other Work Groups. Ms. Moratti remarked that the timeline is particularly aggressive given the fact that pilot participants need to be identified. She said that the timeline will likely be modified. Dr. Villagra asked if the PMO has a general outline of the process by which they will secure participants in the pilot, and how they plan to obtain stakeholder buy in, including the large health systems. Ms. Moratti said the process by which the participants in the pilot are secured will be designed by the Technology Oversight Design Team and recommended back to the full HIT Council. Ms. Moratti said the plan to engage the broader stakeholders is also a work in progress. The PMO does not yet have a confirmed approach to either of those topics but it is in the HIT Council's Charter to address those items. Mr. Katz asked if his original understanding that Zato would be collecting and analyzing the data was incorrect given the information on slide eleven of the presentation that indicates the Technology Pilot Oversight Design Team will be determining the data collector. Ms. Moratti said the Council has to define their expectations for the technology in terms of the data that needs to be collected and then determine in the pilot if the solution is in fact able to collect what the Council needs. Slide twelve of the presentation says the Council must set the objectives and criteria for the data it needs to be successful and then the technology will have to demonstrate against that expectation. Amanda Skinner said that if Zato is committed to pulling the data than the question of who will collect the data is moot. However, the Council may find that the process is not fast enough for the proposed timeframe to aggregate, integrate, and provide the reporting the Council is seeking. The Council may want to test that even if they can't implement a pull process in the current time frame. Mr. Katz suggested that point be represented in the timeline as an important step.

Ms. Moratti reviewed the goal of the pilot on slide twelve of the presentation. Ms. Moratti reviewed the two proposed metrics for the pilot. She said the metrics have yet to be confirmed. The goal of choosing the metrics of the pilot is not necessarily to pick the perfect

metrics to test, but to pick a collection of metrics that allow the Council to evaluate the boundaries and capabilities of the technology. The metrics are another item for design and confirmation by the Technology Pilot Oversight Design Team. Dr. Agresta remarked that the two proposed metrics are meaningful use metrics that can be produced out of an EHR with readily available reporting requirements. However, the metrics do "lower the bar" from the technology vendor because it is easy to get that data from the EHR and doesn't require any text based analysis. Commissioner Bremby said that the Council discussed in prior meetings using proxy measures such as the Medicaid measures that have been used for quite some time. Commissioner Bremby recalled push back because the Quality Council was producing their own measures and those measures would be available shortly. He agreed that the measures for the pilot need to be augmented beyond the current two measures, but asked when the Council will get those measures. Commissioner Bremby asked if the Quality Council might be open to pushing measures forward for the purpose of testing. Dr. Agresta remarked on the difference between testing a technology's capacity for future needs versus evaluating whether it can handle the current measures. If what the Council is asking of the measures gets more complicated over time, does the Council have the understanding of what that requires as a HIT group and does the technology vendor chosen have the capacity to do that? Commissioner Bremby said it's helpful for the other Work Groups to push or ask the HIT Council to look beyond what is presented. Commissioner Bremby agreed with Dr. Agresta asking, does the Council test for what they know, or test for some unforeseen or un-designed future? Mr. Raymond said that the Council should consider the types of metrics that the Council may want to get in the future. For example, the Council may want to consider a metric that needs to be pulled out of a textual base context and then reported in meaningful use. The Council would test that the technology assessed has the ability to do that versus what the specific metric is. Mr. Katz said another test is how the technology compares to other systems that collect similar data and not just a matter of aggregating but analyzing the data. Dr. Tikoo said it is true that at the practice level EHRs can produce these measures. The question remains, across providers that use disparate EHRs, how do you attribute and analyze a measure at the level value will be assigned? The edge server technology serves to answer that question. She said we are trying to go across different EHR systems to analyze and attribute a measure at whatever level the value based payment has to be based on. We are trying to make sure that there is no duplication at that level for provider groups. Can the technology go across the system and un-duplicate? You must be sure there is no duplication across platforms and providers for the population you are paying for. That is where this technology has an "edge" over others. She said it is essential that we identify what success [of the pilot] looks like. Ms. Turney said understanding how the data is normalized is key because it is separate from the technology. Additionally, the Council must work to have more standards along data normalization. Ms. Skinner said as a Design Team we should be seeking something to encourage good charting habits across the state. Dr. Hunt remarked that the pilot technology needs to be able to identify the complexity and be able to adapt to the environment but also scale so that the data means something to the state of Connecticut. Dr. Villagra said comparing the results of the organization's analysis versus the vendor's analysis can be helpful in refining any problems with the methodology with input from the people that use it on a day to day basis. Dr. Tikoo said the indexes are left in the databases so the discussion is much more based on the data and what is being pulled into the metrics and the computation so that the provider knows exactly what went into the computation of the numerator and denominator. It is important that a check can be done. She agreed with Ms. Turney that normalization is important. Dr. Tikoo also spoke to Ms. Skinner's point regarding standardization stating that bad practices speaks to missing data. If the data is not in the system it cannot be computed. The advantage

of leaving the indexes in the data set is that it can help people identify where the data is pulled from.

Ms. Moratti reviewed the Technology Pilot Oversight Design Team's next steps on slide fourteen and the topics to be discussed by the Long Term Solution Design Team on slide fifteen of the presentation. Mark Raymond noted his name was erroneously excluded from Long Term Design Team participant list on slide fifteen and the mistake was corrected.

6. SIM Overall Update

Ms. Moratti delivered an overall update on the SIM initiative in order to level set and confirm Council members have the same understanding of the progress to date, detailed on slides sixteen through twenty of the presentation.

Mr. Katz asked if the HIT Council will receive information from the other Work Groups besides the Quality Council to have a full picture of the initiative. In review of what the other Work Groups such as the Practice Transformation Task Force (PTTF) and the Equity and Access Council (EAC) are seeking to do, it appears they will need technology to fit around their issues as the initiative moves forward. Ms. Moratti said the process by which the PMO is hoping to secure that information will be reviewed later in the presentation. Dr. Tikoo said the PTTF released a Community and Clinical Integration Program (CCIP) draft report that her team created public comments on that highlighted for the PMO the implications for HIT and requested the PMO give specific thought to what in the CCIP plan are the expectations for the HIT Council versus the network or the provider. Dr. Tikoo distributed printed copies of the CCIP public comments. Dr. Tikoo asked in the future, when drafts [from PMO or other SIM workgroups] are released, what is the process the Council wants to take for review and submission of commentary? Mr. Katz said he would like to see the full reports and the commentary provided by Dr. Tikoo and her team as it is important information as the Council moves forward. Phillip Renda asked if the MQISSP delay for one year will impact the work of the HIT Council in terms of the technology to support these measures. Commissioner Bremby asked Mr. Renda to cite his source, stating that the time delay was six months and not twelve months. Mark Schaefer of the SIM PMO said the best source of information about the latest MQISSP time table is what DSS shares with the MAPOC Care Management Committee (CMC) and can be found on their website. Ms. Moratti said the PMO will send out the link to the MAPOC CMC information.

Ms. Moratti reviewed the questions for the HIT Council on slide twenty one of the presentation. Ms. Moratti reviewed the programs that are being designed by other Work Groups and what might begin to be some of the implications for the HIT Council. Ms. Moratti defined Advanced Networks as collections of primary care providers and other providers illustrated on slide twenty two of the presentation. Ms. Moratti said the Council is seeking to make connections between participants, exchange data between the participants in some form, and deploy some application functionality as required to enable the programs. Ms. Moratti reviewed the four SIM programs that have direct implications for the HIT Council detailed on slide twenty three of the presentation. Commissioner Bremby pointed out that the second program listed on the slide, Producing EHR Quality Measures for Value-Based Payment, was in error. This had not previously been identified as a SIM program. Ms. Moratti agreed to correct the slide. Mr. Katz said that DSS is doing some of these programs already, such as some aspects of the medical home and suggested it may be beneficial to have those individuals involved or in charge of those initiatives present to the Council on what they are collecting, analyzing, and how they are coordinating payments. Dr. Tikoo said

MQISSP released an August 26th requirement document. Dr. Tikoo and her team reviewed the document and found that there was no expectation for the HIT Council because they have a mechanism for capturing and reporting. She suggested the document be sent to the Council for their review. The document reviews what they will collect, how they will collect it and how they will appropriate payments. Mr. Katz asked what technology the MQISSP program is using. Dr. Tikoo said the report does not go into detail regarding the type of technology. Commissioner Bremby said that some of the technology that is being used is within the ASO. The care analyzer is used for a significant amount of the claim structure for payment. The care analyzer is also built into the SIM initiative to extend that capability beyond Medicaid. Mr. Katz said the ASO should probably have presented to the Council when they were examining Zato and APCD. Commissioner Bremby said the ASO care analyzer was used for Medicaid purposes but the SIM HIT is looking to go across systems not within systems. Ms. Skinner asked if Care Analyzer is a claims-based technology and not a technology that can troll through an EMR. Dr. Tikoo said yes, and that it was in the grant. Dr. Tikoo reminded the Council that her team handed out the list of the technologies that were purposed in the SIM grant at a past HIT Council meeting. State technologies are available to all SIM participants to go to scale if they deem that it will help them meet whatever the end is. Patricia Checko noted it is unclear how the HIT Council is involved with the other SIM Work Groups that seem to have a plan in place that is moving forward. What is their expectation for the HIT Council and do they want the HIT Council involved? Additionally, Dr. Checko asked if the Council is looking at one system or a diverse number of systems to meet the needs of these programs. Dr. Tikoo said it would depend on the question the Council is trying to answer. She said the clarity of the [SIM] program is needed and will lead the Council to decisions of what the technology or technologies look like. Mike Miller said it is crucial to connect with the PTTF to get and give feedback between the two groups.

Ms. Moratti reviewed the framing for the key questions related to the HIT of the SIM programs, detailed on slides twenty six and thirty two of the presentation. Dr. Tikoo said that data reporting is not part of the SIM AMH contracts which have been executed. Those disconnects need to be connected. Ms. Skinner said there will be an element of redundancy in requests from other groups in terms of what they are looking for and asked if it was the HIT Council's responsibility to help identify the redundancies and streamline them, or is that a task for the HISC or the Work Group itself. Additionally, Ms. Skinner asked to what extent the [pilot oversight] group is thinking about how they will incent, people to share data now, after contracts have already been signed, and if time should be spent building a bridge to nowhere, building something that won't be used. Ms. Moratti said the HIT Council Charter sets the expectation that the Council would design a solution that leveraged existing investments. The Council also has the obligation to create a solution that is supported by stakeholders. So if the Council does not create a solution that is embraced, they have not met the expectation set by the Charter. Therefore, the Council has an obligation to ensure the designs are not redundant, leverage existing investments, and can be embraced by participants. Ms. Turney asked if the Council is enabling some sort of capture of patient-level communication plans in addition to a care plan. Ms. Turney said there is communication that can occur at the patient level that will significantly reduce costs especially in regards to PCP enrollment and advantages of PCP. What mechanism are we building in to capture enough data about our data to understand why things are working? Commissioner Bremby said if incentives [for participation in the solution] are removed, he cannot accept responsibility to design a system for which there are no known uses. Dr. Schaefer said the AMH program is a test of standards, not part of the SIM model test. It is an

effort to determine if the approach to practice transformation is in the right place. Dr. Schaefer said, from the PMO perspective, the entities they are engaging are the overall Advanced Networks and FQHCs and not their individual practices. It may be that the Advanced Network may only have two practices that are considered AMH. AMH is the vehicle for advanced practice but not the unit of engagement around building community linkages or building linkages with other medical providers across the neighborhood. Dr. Schaefer said at the time of procurement and stand up of CCIP practices in October 2016, the organizations will be asked to commit to certain items to ensure the technological solutions we are seeking to stand up are actually utilized by these partners. Commissioner Bremby asked if the goal was only to stand up a solution for only CCIP participants. Dr. Schaefer said the PMO sees the CCIP participants as all FQHCs and more than half of the Advanced Networks in the state by the end of the grant period. The PMO seeks to start with the first wave participants and scale up until they have the full set of participants in 2019 or 2020. It's not inconceivable that certain technologies would be implemented state wide from the beginning and then discuss by what means we would engage those providers in that process. Commissioner Bremby suggested the discussion of scaling and structuring be taken offline to determine if it is possible. He said if the PMO is considering the first wave not be required to participate in sharing of data, and if CCIP participants are MQISSP participants and MQISSP has its own HIT, then what is the Council designing for? Dr. Schaefer said the first wave would be required to share data. Commissioner Bremby asked if the HIT Council solution should be in place by October 2016. Dr. Schaefer said yes, as the MQISSP date has moved out. The solution around CCIP and connectivity across the network is different than the solution of quality measure production. The quality measure is a statewide initiative and the CCIP is the first wave of MQISSP participants. Those 10 or 15 participants of MQISSP in 2016 should be required to establish whatever connections the HIT Council is proposing at the beginning. Dr. Tikoo said MQISSP has its own requirements and they have not made any requests of the HIT Council. She said the timeline and the push to have delivery on January 1st is artificial but there is discussion to be had around requirements. The Council wants to avoid building an infrastructure that no one wants to sign on to. She encouraged the group to think through the timelines and be realistic about what the expectations are and what might phase one look like. If it isn't at the level of the patient, than what level is the data flowing at, what is the end goal, and what is the Council charged with computing? These items should be clear to the HIT Council so they can focus and deliberate on what the ask is and not try to assume what they are solving for.

Ms. Moratti reviewed the process by which the Council would receive answers from the Work Groups in order to be successful. If the Council is attempting to recruit providers, there are open questions regarding who they are, if they are first wave participants, what are the requirements and incentives, etc. The second is we have to define what we are recruiting them for the purpose of in terms of CCIP and quality, in terms of data, and determine what functionality, if any, needs to be deployed. Mr. Raymond remarked that an additional question is when. Ms. Moratti said the Logic Model attempts to capture the timing. Ms. Moratti said the Logic Model is the mechanism the PMO is attempting to use to answer the questions described including the timing. Slide thirty four of the presentation, which outlines the template for the Logic Model, is attempting to test if the Council receives the answers to the questions regarding the programmatic aspects the Council needs to support, and are able to iterate three or four times, could they get to the information needed for a successful design? Ms. Moratti reviewed the proposed iterative process detailed on slide thirty five of the presentation that would be recalibrated based on the new timeframe. Dr. Tikoo asked when the results from the AMH pilot would be available for consumption to

determine if that model was successful or not. Dr. Schaefer said the preliminary evaluation results will be available in June of 2016. The evaluation is qualitative and not an assessment of quality measure performance. The PMO recognizes that NCQA medical home recognition is well established to improve quality. The PMO is testing whether the primary care team feels our methods are efficient and are more capable than they were when they started. Dr. Tikoo suggested the Council have a slide at the next meeting that details how many people are participating in the AMH pilot, what is the baseline performance of those practices, and what are they doing to become Advanced Medical Homes. This could help the Council understand where there might be opportunity for some technologies to assist any of those activities or if it may be that there isn't any need at this time. Dr. Checko asked that the slide include the number of attributed lives. Dr. Schaefer said the PMO does not have access to information on attributed lives of the practices but can ask the vendor where they are on the pre-data collection. Ms. Moratti asked if the Logic Model process is sufficient. Dr. Villagra said the sequence makes sense theoretically but expressed concern about the level of detail available for the short term solution team. He said for the Technology Pilot Oversight Design Team to function, the level of precision and detail must be high. Ms. Moratti said there are four levels of detail the Council needs. The challenge will be that the Council does not currently have the first and second level of detail. The question of who the participants are has to be answered first. She asked if the Council supports the template the PMO intends to launch immediately to get to the fourth level of detail necessary for design. Ms. Moratti asked if there were any objections to launching the Logic Model process. There were no objections. Ms. Moratti reviewed the information exchange time frame related to the Logic Model found on page thirty six of the presentation. Ms. Moratti said that the Logic Model template will clarify, the timing, and the nature of the program which will help the Council to reset the timeframe to be supportive of the programmatic goals.

7. HIT Council Progress to Date

Ms. Moratti reviewed the process undertaken and the criteria applied to select Zato as the pilot technology detailed on slides thirty eight to fifty one of the presentation. The intent of the slides is to codify the road the Council traveled and communicate more effectively about the decision making process and the criteria used. Ms. Moratti asked if the characterization is consistent with the Council's understanding of where they have been and how the Council arrived at its decisions. If the description is consistent, Ms. Moratti asked if there was a level of comfort to sharing the document with the HISC and other Councils who may have questions. Dr. Checko said perhaps it was a communication issue; that it was not clear to her that when the Council first met it was being presented with a short term solution and that it was going to be a fixed in-house solution that was already available. Additionally, while the Council looked at APCD, it wasn't clear that those were the only options available. Dr. Villagra asked if the list was limited to only the APCD and the Zato technology or was there a list of ten potential vendors out there? If the list was that limited, why was that the case? Ms. Moratti said her understanding is because of the initial notion of the timing, it was concluded that the Council needed to use one of the technologies that they currently had access to in order to meet the timing for the short term solution. Given the aggressive timeframe and the desire to use in house technologies, the APCD and Zato were considered. Dr. Villagra said that it is a satisfactory explanation for a solution that preceded the Charter for the Council and it is not of interest to go back and second guess that original discussion. Ms. Skinner said the reactions may be in response to the use of the word solution versus the word pilot. That language implies that the Council is going to pilot something and then implement it as a solution. She suggested the word solution not be used. Ms. Moratti said the Council can modify the language accordingly. Dr. Agresta agreed and suggested that

language saying that the Council is focusing on quality metrics be added to define it further. Ms. Moratti said the Council is attempting to show the full picture because by definition it will be a collection of solutions. Dr. Checko suggested the language "the HIT solutions" be added to reflect that there may be more than one solution. Dr. Villagra asked if it would be helpful to understand what is the scope of the initiatives around human services that are being implemented or in the planning process that may in the future merge with the SIM initiative and subsequent initiatives. Commissioner Bremby said the activities are being consolidated around one plan. Commissioner Bremby said an initiative began three years ago to map out the health and human services initiatives within the state space but not outside of the state space. He said that group will go on a hiatus. Commissioner Bremby added that there was a study last year from November through the first quarter of this year that looked at a strategic plan for HIT space in state government. Currently, Senate Bill 811 will add on to that process to look at a broader HIT construct for the state of Connecticut with an HIE as an initial deliverable for the state. Where SIM fits into that context is still open for discussion.

Ms. Moratti reviewed next steps as making revisions suggested by Council members to the document and creating a free standing document that can potentially be shared with HISC and other Councils that have questions. If Council members have additional input, Ms. Moratti asked that they submit them by email.

8. Responses to Questions Submitted

Ms. Moratti reviewed a new process by which the PMO receives questions outside of Council meetings. Ms. Moratti said the preference is to have the dialogue during Council meetings to ensure all members have the benefit of responses. Mr. Katz said some questions he submitted were based on the timeliness in which the Council received the information, some questions predicated on receipt or lack of receipt of information. He remarked that the Council needs to have a better way of providing and submitting questions especially with once a month meetings. Commissioner Bremby said in addition to posting questions that come in offline, the PMO should anticipate inquiries from what might have happened at a task force meeting and post those as well. Commissioner Bremby said it is important that the Council work to be transparent and get the information out as timely as possible. Mr. Katz agreed with proactively posting materials to the website to address the communication issue. Commissioner Bremby presented the MQISSP delay as an example of information that could be provided ahead of time to make all members aware.

Ms. Turney said in offline conversations with Equity and Access Council members she received information that they were exploring technology solutions that she was unaware of, prompting her to wonder if other work groups were exploring technology solutions that should come to the HIT Council. Specifically, the question was related to better ways of collecting race, ethnicity, and language data. She asked how and when the Council will build those in. Dr. Tikoo said the question arose in the Technology Pilot Oversight Design Team. She said it speaks to the necessity of having a very clear question: what is the question the Council seeks to answer? What is the measure? At what level will the Council expect participants to report? It must be clear, to the Equity and Access Council for example, to articulate their questions to the HIT Council so the Council can deliberate what level will they be slicing and dicing the data. Ms. Skinner said that Ms. Turney's point speaks to process and the need to communicate to the other groups that the HIT Council is there to field questions related to technology. Ms. Turney said in addition, the Equity and Access Council members were recognizing that race and ethnicity is voluntary information. Ms.

Turney said it is important that the HIT Council is pulling the information as well as receiving the information from other Work Groups. Dr. Checko said it is important to share with these groups that they can bring the information forward beyond a sometimes narrowed view to find the solution.

Ms. Moratti reviewed the Council member questions on slide fifty four in the presentation. Ms. Moratti said the questions speak to process failure and substantive real time development. Ms. Skinner said it is peculiar that Zato is unable to demo the technology for the Council. Commissioner Bremby said Zato offered to demo the technology but the HIT request Council requested they use live patient data to do so. . Zato is working with a hospital to ensure there is a release to permit a viewing of the results based on live data. Mr. Katz said that while he understands the data ownership issue and privacy constraints, the demonstration is important to allow the Council to gain a level of comfort with the solution. Ms. Moratti said she will take that back to the Pilot Oversight Design Team. Dr. Villagra asked how feedback from the Willimantic listening session will be incorporated, particularly around transportation. Dr. Schaefer said at this point, SIM is not taking on the issue of transportation, that there are no validated questions for transportation being contemplated in the care experience survey. Dr. Schaefer advised the Council that consumers at the listening session were writing a letter regarding transportation issues to the Commissioner. Commissioner Bremby said the DSS staff is looking into quality assurance measures and working with the vendor to increase the certainty around rides; currently there are five million rides a month. Dr. Tikoo suggested the CAB take that to the HISC.

9. Next Steps

Ms. Moratti reviewed next steps.

- The Council approved to bring the HIT Charter the HISC for approval.
- The facilitators committed to distributing a link to the MQISSP timeframe.
- The facilitators agreed to send a refined "process to date" communication back to the Council to make sure it accurately reflects the group's revisions.
- The facilitators will begin the Logic Model process.
- The facilitators committed to being better on process and posting FAQs. Additionally, the facilitators agreed to more proactively share information.
- The facilitators noted a process observation regarding confusion by other Councils relative to HIT solutions.

Ms. Skinner asked for clarification of participants in the pilot. Commissioner Bremby said he has no concern of a provider participating in the Technology Pilot Oversight Design Team while participating in the pilot. Mr. Katz added that it would be encouraged to have providers participate in pilot to better evaluate the pilot's effectiveness. Dr. Agresta said it is of value to understand how difficult it is to implement.

The meeting adjourned at 12:06pm.